

Child Development Associate Credential (CDA) Assessment Fee



Child Development Division (CDD)
Department for Children and Families (DCF)
Vermont Agency of Human Services (AHS)

This application is for Vermont residents to assist with the cost of initial CDA credential fees and/or the second setting credential fee. These grants are awarded to registrants or to staff of licensed programs only when the program in which they work is in good regulatory standing with the CDD. Good regulatory standing means that any regulatory violations have been corrected, no "Parental Notification Letter/s" have been mailed within a year of the application and the program has not demonstrated a pattern of repeated regulatory violations in the year prior to the application. The CDD may, upon request in an individual case, grant a waiver from this grant policy. A waiver may be requested by completing and signing the "alternative certification" at the end of this application.

Eligibility

- Be employed for at least 6 months by a CDD regulated child care facility OR be employed as a consultant that supports inclusion of infants/toddlers or other children with special needs in regulated child care programs.
- Demonstrate commitment to remain in the field for at least one year in Vermont after CDA credential is achieved.
- Employees of public schools are NOT eligible for this type of grant.

For State Use Only

Date Received: _____ Invoice #: _____

Reviewed/approved: _____ Date: _____

Payment entered by: _____ Date: _____

License check: _____

Application #: _____ Agreement # _____

Program Manager Approval/Denial:

☐ Approved: \$ _____ ☐ Denied

Signature: _____ Date: _____

Contact Person

Heather Mattison
802-241-4551
800-649-2642 ext. 4551
heather.mattison@ahs.state.vt.us

Application Deadline

By the first of any month

For information about the CDA credential and to obtain materials contact:

The Council for Early Childhood

Professional Recognition

2460 16th Street N.W.
Washington, D.C. 20009-3575
1-800-424-4310
www.cdacouncil.org

Name (Print) _____ Birth Date _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ (work) _____ Email _____

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1) How much assistance you are requesting for the CDA Assessment Fee (up to \$325)? _____

2) Indicate the number of children you directly serve: _____

3) My CDA application is for the setting(s) checked below

☐ Family Child Care; VT Child Care Registration Certificate # _____

☐ Center-Based Infant/Toddler (up to 36 months)

☐ Center-Based Preschool (3-5 years)

If working in a licensed early childhood or after-school program:

Employer/Program Name: _____ Licensed Certificate #: _____

Address: _____ Phone: _____

4) Describe your job or attach a job description. (This application is for professionals providing direct care and education to children.)

5) Are you working with group that is helping you get your CDA credential? ☐ Yes ☐ No

If yes, please give the name of the program and describe it: _____

Name and title of your advisor, course instructor or mentor who is working with you for the CDA credential:

Name _____ Title _____

6) Have you completed the requirements to obtain your CDA credential:

☐ 120 Hours formal training in the eight required CDA subject areas

☐ Autobiography

☐ Competency Statements

☐ Resource Collection

☐ Parent Opinion Questionnaires

☐ Observation instrument by advisor completed on _____

☐ Assessment by CDA Council representative

Anticipated date of application for assessment _____

OR Assessment was completed on _____

7) Please send the following additional documentation with your grant application:

a. Attach a letter of recommendation from your CDA advisor, or mentor, or other child care professional who is working with you for the CDA credential. The letter must state the unique qualities and skills you demonstrate in your work with children and describe any improvements you have made during this process.

b. Attach your professional development plan. A form is available on BFIS at www.brightfuturesinfo.org or Northern Lights Career Center <http://northernlightscdc.org>, or by calling Linda Clark at 802-241-1215 or 1-800-649-2642 ext 1215.

8) Please sign one of the certificates below:

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Certification

I certify that the information contained in this application is true and correct; I also certify that the following statements are true:

- 1) My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
- 2) I have worked directly with children at the location indicated on this application for at least 6 months.
- 3) I plan to work in regulated child care or afterschool care setting serving Vermont children for at least 1 year.
- 4) I am a Vermont resident.
- 5) I am not a public school employee and my salary is not paid by a public school.
- 6) The program I work in is in good regulatory standing with the Child Development Division and any outstanding violations have been corrected which means that I also certify that within the past twelve months all regulatory violations are corrected, no "Parental Notification letter/s" have been mailed and the program does not have a pattern of repeated regulatory violations with the CDD.

Applicant's Signature: _____ **Date:** _____

OR

Alternative Certification

I certify that the information contained in this application is true and correct;

I also certify that the following statements are true:

- 1) My program will comply with applicable eligibility criteria of the Child Care Development Fund including not discriminating or barring participation on the basis of race, religion, sex, color, handicap or national origin.
- 2) I have worked directly with children at the location indicated on this application for at least 6 months.
- 3) I plan to work in regulated child care or afterschool care setting serving Vermont children for at least 1 year.
- 4) I am a Vermont resident.
- 5) I am not a public school employee and my salary is not paid by a public school.
- 6) My program does not currently meet the criteria for good regulatory standing due to the following:

- 7) I am requesting a waiver from the grant requirement of good regulatory status for the following reasons:

Applicant's Signature: _____ **Date:** _____

Make 3 copies of your complete application*. Keep one for yourself, and send two copies to the address below. Be sure to sign the appropriate certification for your application! * *Complete means all the required enclosures and attachments are included with each application.*

Child Development Division

ATTN: Linda Clark

103 South Main Street – 2 North

Waterbury, Vermont 05671-2901

Phone: 802-241-1215 or 800-649-2642 ext. 1215;

email: linda.clark@ahs.state.vt.us